

<i>SERFF Tracking Number:</i>	<i>AGNN-126120478</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Variable Annuity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42158</i>
<i>Company Tracking Number:</i>	<i>VL 17425 VER 5/2009</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Income Edge Secure Pension</i>		
<i>Project Name/Number:</i>	<i>/VL 17425 VER 5/2009</i>		

Filing at a Glance

Company: The Variable Annuity Life Insurance Company

Product Name: Income Edge Secure Pension SERFF Tr Num: AGNN-126120478 State: Arkansas

TOI: A02I Individual Annuities- Deferred Non-Variable SERFF Status: Closed-Approved- Closed State Tr Num: 42158

Sub-TOI: A02I.002 Flexible Premium Co Tr Num: VL 17425 VER 5/2009 State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird

Author: Natalie Prevost Disposition Date: 04/23/2009

Date Submitted: 04/20/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number: VL 17425 VER 5/2009

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Simultaneously filing in Texas

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 04/23/2009

Explanation for Other Group Market Type:

State Status Changed: 04/23/2009

Deemer Date:

Created By: Natalie Prevost

Submitted By: Natalie Prevost

Corresponding Filing Tracking Number:

Filing Description:

April 20, 2009

VIA SERFF

Re: The Variable Annuity Life Insurance Company

NAIC# 70238

FEIN# 74-1625348

SERFF Tracking Number: AGNN-126120478 State: Arkansas
Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 42158
Company Tracking Number: VL 17425 VER 5/2009
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: Income Edge Secure Pension
Project Name/Number: /VL 17425 VER 5/2009

Form# VL 17425 VER 5/2009 Single Premium Immediate Annuity Application

Dear Mr. / Ms.:

The above-referenced form is enclosed for your review and approval. The filing does not contain any unusual or controversial items. This is a new form and does not replace any forms previously approved by your Department. The application is similar to VL 17425 VER 1/2008, previously approved by your Department on 08/28/08, except that the Company name and brand throughout is updated.

This application will be issued with policy form SPIA-405 approved by your department on 07/11/05.

Please feel free to contact me at 1/800/262-4764, ext. 8705 or via e-mail Natalie.prevost@Valic.com if you need further information. My fax number is 713/831-6932. I look forward to your formal notification of approval.

Sincerely,

Natalie Prevost
Legal Analyst

Enclosures

Company and Contact

Filing Contact Information

Natalie Prevost, natalie.prevost@aigretirement.com
2919 Allen Parkway 713-831-8705 [Phone]
L10-30 713-831-6932 [FAX]
Houston, TX 77019

Filing Company Information

The Variable Annuity Life Insurance Company	CoCode: 70238	State of Domicile: Texas
2929 Allen Parkway, L10-30	Group Code: 11	Company Type:
Houston, TX 77019	Group Name:	State ID Number:
(713) 831-1305 ext. [Phone]	FEIN Number: 74-1625348	

SERFF Tracking Number: AGNN-126120478 *State:* Arkansas
Filing Company: The Variable Annuity Life Insurance Company *State Tracking Number:* 42158
Company Tracking Number: VL 17425 VER 5/2009
TOI: A02I Individual Annuities- Deferred Non- *Sub-TOI:* A02I.002 Flexible Premium
Variable
Product Name: Income Edge Secure Pension
Project Name/Number: /VL 17425 VER 5/2009

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? Yes
Fee Explanation: Fee for filing in Texas
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Variable Annuity Life Insurance Company	\$100.00	04/20/2009	27278555

SERFF Tracking Number:	AGNN-126120478	State:	Arkansas
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Product Name:	Income Edge Secure Pension		
Project Name/Number:	/VL 17425 VER 5/2009		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/23/2009	04/23/2009

<i>SERFF Tracking Number:</i>	<i>AGNN-126120478</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Variable Annuity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42158</i>
<i>Company Tracking Number:</i>	<i>VL 17425 VER 5/2009</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Income Edge Secure Pension</i>		
<i>Project Name/Number:</i>	<i>/VL 17425 VER 5/2009</i>		

Disposition

Disposition Date: 04/23/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AGNN-126120478</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>/VL 17425 VER 5/2009</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	SOV		Yes
Form	SPIA Application		Yes

SERFF Tracking Number: AGNN-126120478 State: Arkansas
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Form Schedule

Lead Form Number: VL 17425 VER 5/2009

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	VL 17425 VER 5/2009	Application/ SPIA Application Enrollment Form	Initial		45.300	John Doe.pdf



FILED COPY

Single Premium Immediate Annuity Application

The Variable Annuity Life Insurance Company (VALIC)

Houston, Texas]

Instructions: Please type or print in black ink.

1. OWNER/APPLICANT INFORMATION

If Owner and Annuitant are different, check here: ☐ Complete Annuitant information (Section 2). For qualified contracts, the Owner must be the Annuitant.☒ Individual ☐ Partnership ☐ Corporation ☐ Trust ☐ Plan Sponsor ☐ Other: _____Name: John Doe SSN or Tax ID: 123-45-6789☒ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev. Gender: ☒ Male ☐ Female Date of Birth: 04-01-1973Marital Status: ☒ Married ☐ Not Married ☐ Civil Union/Domestic Partner (If recognized by your state, see Information page.)Residence Address: 123 Main StreetCity: Anywhere State: USA ZIP: XXXXXDaytime Phone: (987) 654-3210 Evening Phone: (_____) Other Phone: (_____) _____

Mailing Address (if different from above): _____

City: _____ State: _____ ZIP: _____

2. ANNUITANT (Complete if Owner and Annuitant are different. Non-Qualified only.)

Name: _____ SSN or Tax ID: _____

Residence Address: _____ City: _____

State: _____ ZIP: _____

Telephone Number: (_____) _____ Date of Birth: _____

3. PURCHASE PAYMENT

PLAN TYPE (required): ☒ Non-Qualified ☐ QualifiedTax-Qualified Plans: ☐ Traditional IRA ☐ SEP IRA ☐ Roth IRA ☐ 401 (Corporate Plan) ☐ 403(b)Contribution for Tax Year _____: \$ _____ Check one: ☐ Transfer* ☐ Rollover* ☐ Roth IRA Conversion Year: _____

*Complete VALIC Rollover/Transfer In Form.

4. INCOME PAYMENTS

Annuitization is an irrevocable election providing a guaranteed income.

A. Payout Options: Select one option only. If payout is for less than 10 years, see Information pages for information about mandatory 20% withholding.

☒ Single Lifetime Income – Lifetime income with payments ceasing at death☐ Single Lifetime Income with Period Certain – Payments for life with payments guaranteed for (choose one):☐ 5 yrs ☐ 10 yrs ☐ 15 yrs ☐ 20 yrs☐ Single Lifetime Income with Cash Refund☐ Joint and Survivor Annuity (Name a joint annuitant and choose one payout option.)

Name of Joint Annuitant: _____ SSN or Tax ID: _____ Date of Birth: _____

Address: _____ Relationship: _____ Gender: ☐ Male ☐ Female☐ Continuing payments to either survivor annuitant (choose one): ☐ Full Payment ☐ 3/4 payment ☐ 1/2 payment☐ Continuing periodic payments to either surviving annuitant with payments guaranteed for a period certain of (choose one):☐ 5 yrs ☐ 10 yrs ☐ 15 yrs ☐ 20 yrs☐ Continuing periodic payments to the surviving annuitant upon the death of the named annuitant when the (choose one):☐ Primary annuitant ☐ Joint annuitant dies, the surviving annuitant will receive (choose one): ☐ 3/4 payment ☐ 1/2 payment☐ Period Certain Only (not available in Maryland) – Payments for a selected number of years. Payments for _____ years.☐ Designated Amount (not available in Maryland) – Payments of specified dollar amount of \$ _____.B. Payment Mode (Frequency): ☒ Monthly ☐ Quarterly ☐ Semi-Annually ☐ AnnuallyC. Inflation Protection: ☐ I choose the Inflation Protection Option (choose one): ☐ 2% ☐ 3% ☐ 4%

D. Income Start Date: Will be one payment period from the date premium is received.

Arizona Residents: On written request, we are required to provide within a reasonable time reasonable factual information regarding the benefits and provisions of the annuity contract to the annuity contract holder and if for any reason the contract holder is not satisfied with the annuity contract, the contract holder may return the annuity contract within 20 days, or within 30 days if the contract holder is 65 years of age or older on the date of application for the annuity contract, after the contract is delivered and receive a refund of all payments allocated to the fixed investment option(s), the variable investment option(s) accumulation value on the date the contract is returned, and any fees or charges on any investment option.

5. BENEFICIARY DESIGNATION (Refer to Information pages for guidance.)

If the Owner and the Annuitant are not the same or in the case of joint annuitants, we will pay the Annuitant or Joint Annuitant first and then any designated beneficiary. List each beneficiary by name. If no percentage is indicated, benefits will be paid equally to beneficiaries of record. Percentage must total 100%.

PRIMARY: Name(s):	Relationship or Trustee Name:	SSN or Tax ID: (Optional)	Date of Birth or Trust Date:	Percentage (Whole) %:
Jane Doe	wife	999-99-9999		100

CONTINGENT: Name(s):	Relationship or Trustee Name:	SSN or Tax ID: (Optional)	Date of Birth or Trust Date:	Percentage (Whole) %:

6. TAX WITHHOLDING

Mandatory federal and/or state withholding may apply to override elections below.

Federal Income Tax Withholding

☒ Do not withhold federal income taxes (see Information pages)

Wage Bracket Method: ☐ Married ☐ Single _____ Number of allowances Additional \$ _____ or _____ % desired

Specific Withholding Method: _____ % or \$ _____ amount to be withheld

State Income Tax Withholding

☐ Do not withhold state income taxes (see Information pages)

Wage Bracket Method: ☐ Married ☐ Single _____ Number of allowances Additional \$ _____ or _____ % desired

Specific Withholding Method: _____ % or \$ _____ amount to be withheld

7. DELIVERY INSTRUCTIONS

Choose one:

☒ My address (as listed in Section 1 of this form)

☐ Other

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Account Number: _____

☐ Bank Institution

☐ Checking Account: Voided check **MUST** be attached for electronic funds transfer verification.

☐ Savings Account:

Bank Name: _____

Bank Address: _____

City: _____ State: _____

ZIP: _____ Bank Phone: (____) _____

Bank Account #: _____

ABA Routing # (EFT Only): _____

Default Delivery Instructions: If you do not select a delivery option, the check will be mailed to you at your address of record.

8. INVESTOR PROFILE

What are your objectives for the funds under consideration? ☒ Income ☐ Other: _____

Do you anticipate needing access to more than 10% of the Single Premium in a given year? ☐ Yes ☐ No

Annual Household Income ☐ [Under \$50,000] ☒ [\$50,000 – \$100,000] ☐ [Over \$100,000 list amount: \$ _____]

Net Worth (excluding value of primary residence) ☐ [Under \$50,000] ☒ [\$50,000 – \$100,000] ☐ [Over \$100,000 list amount: \$ _____]

Identity Verification (Non-Qualified Immediate Annuities only):

☒ Driver's License

☐ Passport

☐ Alien Registration

☐ Other Government Issued I.D.

☐ Other (Please Describe): _____ Document Number (required): _____

Issued By (required): _____ Issue Date (if available): _____ Expiration Date (required): _____

9. SPECIAL INSTRUCTIONS**10. OWNER/APPLICANT AFFIRMATIONS AND STATEMENTS**

This application is subject to acceptance by the Company at its Home Office.

[Are you as the owner of this account an active duty service member of the United States Armed Forces? ☒ No ☐ Yes (If yes, complete VL 22059.)

Do you have an existing annuity or life insurance contract? ☒ No ☐ Yes

Will this annuity replace, discontinue or change any existing life insurance or annuity contract in this or any other company? ☐ Yes ☒ No
If yes, complete the following:

Contract Owner Name: _____ Contract Number(s): _____

Name of Insurance Company: _____]

I represent that:

A. For Lifetime Income Payout Option: I understand that the contract will terminate at the death of all annuitants, at which time no further payments will be payable.

B. Required Minimum Distribution: I understand that annuities purchased with IRA or Qualified Plan funds are subject to the Minimum Distribution Rules. If I turn age 70½ during this calendar year or if I am currently taking Required Minimum Distributions I further understand that the Required Minimum Distribution must be withdrawn before transferring the funds.

C. Suitability: The withdrawal provision has been explained to me. I understand that once selected, the items in the Section 4, Income Payments, cannot be changed or terminated. I believe this to be a suitable purchase for my financial situation at this time. No bankruptcy proceedings are pending or contemplated.

By signing this form, I represent that all statements, answers, and affirmations are complete and true to the best of my knowledge and belief, and that I have read and understand the information provided in the Information pages including Fraud Warning and 403(b) withdrawal restrictions, if applicable.

John Doe
Owner/Applicant's Signature

Anywhere, USA 04-01-2009
Signed at City/State Date

Joint Annuitant/Applicant's Signature

Signed at City/State

Date

11. FINANCIAL ADVISOR OF RECORD

Agent #: 007 Region Code: 2468 State License #: 8641

[To the best of my knowledge the applicant has an existing life insurance policy or annuity contract. ☐ Yes ☐ No

Do you have any reason to believe the annuity applied for will replace or change any existing life insurance or annuity? ☐ Yes ☐ No

If this is a replacement have you complied with all State Replacement Regulations and completed all required State Replacement Forms? ☐ Yes ☐ N/A]

By signing this form, I certify that I have truly and accurately recorded herein the information provided by the applicant.

Bill G. Agent
Licensed Agent/Registered Representative (Print Name)

Bill G. Agent
Licensed Agent/Registered Representative's Signature

Information

1. OWNER INFORMATION

For qualified contracts, the Owner must be the Annuitant. If this benefit is for a contract under an ERISA covered plan and you do not choose a qualified joint and survivor annuity or you name someone other than your spouse as your beneficiary, you must complete the ERISA SPOUSAL CONSENT Section.

2. ANNUITANT INFORMATION

Non-qualified annuity contracts only.

3. PURCHASE PAYMENT

Indicate the type of contract you are purchasing.

4. INCOME PAYMENTS

A. Payout Options. Select the payout option. **This choice is irrevocable.** Choose only one option.

Single Lifetime Income.* You will receive a lifetime income with all payments ceasing at your death. This option does not provide for continuation of payments to a beneficiary or estate.

Single Lifetime Income with Period Certain.* You will receive a lifetime income with payments guaranteed for a designated period of either 5, 10, 15 or 20 years. If you die during the guaranteed payout period, payments will continue to the annuitant or to your beneficiary, as applicable, for the remainder of the designated time period. If you live beyond the guaranteed period, payments will cease at your death.

Single Lifetime Income with Cash Refund.* You will receive a lifetime income. Upon your death, the annuitant or beneficiary, as applicable, may be entitled to a lump sum equal to the value of your annuity at the annuity date less the amount of annuity payments disbursed.

Joint and Survivor Annuity* (with or without payments guaranteed for a period of either 5, 10, 15 or 20 years).

If this option is selected, proof of the joint annuitant's date of birth is also required.

The options are as follows:

- Continuing full, $\frac{3}{4}$ or $\frac{1}{2}$ payments to either survivor annuitant. These options provide payments during the joint lifetimes of two annuitants. These payments continue during the lifetime of the surviving annuitant with joint and $\frac{3}{4}$ or joint and $\frac{1}{2}$ providing a reduced benefit to the surviving annuitant.
- Continuing full payments to either survivor annuitant, with payments guaranteed of either 5, 10, 15 or 20 years. This option provides annuity payments during the joint lifetimes of two annuitants. If both should die during the specified guaranteed period, payments will continue to be paid to the beneficiary(ies) until the end of the guarantee period. If either annuitant lives beyond the guaranteed period, payments will continue during the survivor's lifetime, with no provision for payments to a beneficiary.
- Continuing $\frac{3}{4}$ or $\frac{1}{2}$ payments to the designated annuitant. These designated death options provide full benefits during the lifetime of both annuitants; thereafter, a reduced benefit of $\frac{3}{4}$ or $\frac{1}{2}$ is provided during the remaining life of the surviving designated annuitant.

Period Certain Only. Payments are made for a selected number of years. This is similar to taking a series of partial withdrawals until the value of the account is exhausted. There are no lifetime income guarantees.

Designated Amount. This annuity is payable in equal designated dollar amounts. Each payment must be at least \$75.00 per year per \$1,000 of the original amount due. Payments shall be payable until the balance is less than the amount of one payment. If the balance is less than the amount of one payment, such balance will be paid as the final payment.

B. Payment Mode. (Frequency) Choose One.

C. Inflation Protection. Annuity payments are adjusted each year to keep pace with increased costs of living. Payments gradually increase at the same rate over time. You may elect a 2% to 4% increase in annual payments. Inflation Protection Payments will be lower in the beginning than other payout methods. This option may be limited in order to comply with federal minimum distribution requirements.

D. Income Start Date. Payments will begin one payment period from the date the premium is received. Income payments may begin the first day of any month provided it is at least 30 days in the future to allow for VALIC processing requirements and no more than 13 months from the contract issue date.

5. BENEFICIARY INSTRUCTIONS

If the Owner and Annuitant are different or if there are joint annuitants, we will pay the annuitant or joint annuitant first, and then the designated beneficiary.

6. TAX WITHHOLDING

Federal Income Tax Withholding

You may not elect to waive federal income tax withholding if:

1. mandatory 20% withholding applies (see Information pages) including annuity income that exceeds the minimum required distribution amount specified in IRS Publication 575, Pension and Annuity Income (this amount may be obtained from your financial advisor or tax advisor);
2. you do not provide an address; or
3. you provide an address outside of the United States. Please provide a completed IRS W-8BEN form if you are not a United States citizen and you qualify for reduced treaty benefits.

State Income Tax Withholding

Certain states do not allow you to choose the method for withholding state income taxes. Some states will base state income tax withholding on your federal income tax withholding election, while other states will require VALIC to withhold state income taxes regardless of your federal income tax withholding election. Contact your financial advisor or benefits office for the regulations that apply to your state of residency.

7. DELIVERY INSTRUCTIONS

Select where you would like your payments to be delivered.

My address. If you select this option, your check will be mailed to the address listed in Section 1 of this form.

Other. If this option is being selected for rollover purposes, then this option is available only for certain payments under Period Certain and Designated Amount Income Payment and only if the payments are expected to last less than 10 years. If you select this option, make sure you provide the name, address, and your account number. Rollover of annuity payments must begin on the annuitization effective date. Only eligible rollover distributions may be rolled over. If you stop rolling these payments over, future payments will be subject to mandatory 20% income tax withholding. (See Section 6 Tax Withholding, in the Information pages.)

Bank. If you select this option, payments will be made to the bank or institution indicated. Banking information is verified prior to transmitting payments. As a result of this verification, you may receive your first payment by check mailed to your home address. Subsequent payments will be electronically transmitted to your bank on the last business day of each month. Make sure you provide all of the bank's information. The bank you select may charge for this service. If depositing the money to a checking account, you must attach a blank, voided check to this form.

Bank Agreement Authorization. Signing this form indicates agreement to the following terms and conditions of this service:

VALIC is hereby authorized and directed to transfer funds in settlement of the annuity payments, as they become due to me, to the order of the bank or institution named on page 2. I hereby authorize and direct the bank to correct erroneous credits to my account received for due dates after my death or due to erroneous duplicate transfers by refunding the amount(s) to VALIC as being payments made under mistake of fact. I agree that VALIC shall not be liable for loss of funds during the process of transfer to the bank (or for delay in any such transfer) except where due to the negligence of VALIC. I reserve the right to revoke or cancel this bank authorization which revocation or cancellation must be made in writing to VALIC.

[California Senior Disclosure: Please be advised that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation, and you may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.]

FRAUD WARNING

[In some states we are required to advise you of the following: Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

Arkansas, North Dakota, South Carolina, South Dakota and Texas Residents

Only: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.

Colorado Residents Only: It is unlawful to knowingly provide false,

*Proof of date of birth is required for life contingent options (e.g., birth certificate, driver's license, baptismal record.)

Information (continued)

incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Florida Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information, is guilty of a felony of the third degree.

Kansas, Kentucky, New Mexico, Ohio and Pennsylvania Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Louisiana, Maryland and Massachusetts Residents Only: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine, Tennessee, Virginia and Washington Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

New Jersey Residents Only: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Oklahoma Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claims for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

WITHDRAWAL RESTRICTIONS FOR 403(b) PARTICIPANTS

[According to federal tax laws regulating certain 403(b) plans, any interest and earnings credited to your account after 12/31/88 and any elective contributions made after that date may be withdrawn only under any of the following circumstances.

- Separation from service
- Death
- Hardship (contributions only)
- Age 59½ or older
- Disability

Your Employer's plan may contain other withdrawal restrictions. Additionally, some employer plans have alternative investment options among which plan participants may transfer contract values.]

[CIVIL UNION/DOMESTIC PARTNER

Although, your state may recognize civil unions or domestic partners, Federal law governing annuities and/or retirement plans may not afford a civil union or domestic partner the same rights and options afforded to a spouse as defined in the Federal Defense of Marriage Act. For example, a civil union or domestic partner might not receive spousal protection under ERISA and pay out options available to the civil union or domestic partner upon death of the participant may differ from those available to a spouse.]

QUALIFIED JOINT AND SURVIVOR ANNUITY AND QUALIFIED ANNUITY BENEFIT: FOR ERISA PLANS ONLY

This notice should be provided to you at least 30 days, but no more than 180 days, before your proposed distribution date.

If you are married, your retirement plan distributions will be paid to you in the form of a Qualified Joint and Survivor Annuity ("QJSA") unless you elect a different form of distribution. Under your QJSA, if your spouse survives you, the plan will pay him or her at least 50% of the amount the plan had been paying to you, on the same frequency as the payments to you. If you are not married, your benefit will be paid monthly over your life and will end upon your death unless you elect a different form of distribution. This benefit is referred to as a Qualified Annuity Benefit ("QAB").

The plan may satisfy the QJSA or QAB by using your vested account balance to purchase an annuity contract from an insurance company. The actual monthly

payments made under the annuity contract will depend on the value of your account balance, annuity purchase rates used by the insurance company, your age, and if you are married, your spouse's age at the time the distribution begins.

The following table reflects the relative values of monthly payments from a Joint and Survivor Annuity and a Life Annuity, assuming a vested account balance of \$5,000 and an interest rate of 6%. This table is based on the Annuity 2000 Mortality tables. **The table is hypothetical and does not reflect the value of your individual benefit or the actual payments you or your beneficiaries would receive.** Please note that as the ages change, the payment amount will change. If none of the examples closely approximates your situation, you may obtain a more accurate value specific to your situation from your plan administrator or from your financial advisor.

Age at Benefit Starting Date

Annuitant	70	65	60	55	50	45	40	35
Spouse	65	70	55	60	45	50	35	40

Monthly Payment

Annuitant Life Only	39.62	35.35	32.38	30.27	28.75	27.61	26.76	26.13
Joint and 50% Survivor	35.47	33.65	30.21	29.26	27.53	26.99	26.07	25.76
Joint and 75% Survivor	33.71	32.86	29.23	28.78	26.95	26.70	25.73	25.58

This QJSA or QAB requirement may not apply to smaller account balances (generally below \$5,000) and will not apply if you have elected another form of benefit. A partial withdrawal would be considered another form of benefit for this purpose. Other alternate forms of benefits that may be available under your employer's plan and under your plan investments may include:

Annuity

An annuity can provide you with payments for your life or for your life and that of your beneficiary; payments for a specified period; payments for your lifetime with a minimum guaranteed period; or a continuation of payments to your surviving spouse that is different from the plan's percentage of the payments made to you. Generally, the more that the form of payment guarantees, such as a minimum period of payments, or payments to your surviving spouse or to another beneficiary, the more that specified benefit amount will cost. There are IRS rules that may limit the period during which payments may be made.

Lump Sum Distribution

If you elect a lump sum distribution, your benefit will be paid to you in one payment. The amount of your benefit is the vested portion of your account balance as of the valuation date used to calculate your distribution.

Installments

If you elect to receive your benefits in installments, you may specify the dollar amount and frequency of your payments. The period of time over which you receive these installments cannot be greater than your life expectancy or the joint life and last survivor expectancy of you and your designated beneficiary. There are other IRS rules that may further limit the period over which you receive payments.

In order to elect one of these alternative forms of benefits you must waive your right to the QJSA or QAB, and if you are married, your spouse must also consent in writing. In addition, this written consent must be witnessed by a Notary Public or by your Plan Administrator. You are entitled to 30 days (but no more than 180 days) within which to make this decision. Although you have at least 30 days to make this decision, under some circumstances, you may waive this minimum 30-day period, and if you submit a waiver of the QJSA or QAB less than 30 days after it is signed we will assume that you are waiving this notice period. Unless a waiver of the QJSA or QAB is made irrevocably, you have the right to revoke the waiver and execute another waiver at a later time, up to the time when the benefit payments have started. You also have the right to defer receiving a distribution, subject to the terms of your employer's plan as well as legal requirements that generally require distributions to commence upon the later of attainment of age 70½ or retirement.

The investment options available to you, the right to change investment options, and the fees imposed under the investment options will not be affected by your decision to defer distributions.

[VALIC Document Control
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<i>SERFF Tracking Number:</i>	<i>AGNN-126120478</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Variable Annuity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42158</i>
<i>Company Tracking Number:</i>	<i>VL 17425 VER 5/2009</i>		
<i>TOI:</i>	<i>A021 Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A021.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Income Edge Secure Pension</i>		
<i>Project Name/Number:</i>	<i>/VL 17425 VER 5/2009</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: FLSHCERT_zp.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: n/a- application filing- attached on form schedule tab		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: n/a- application only filing		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: SOV		
Comments:		
Attachment: SOV_VL17425_VER_5-2009.pdf		

CERTIFICATION

VARIABLE ANNUITY LIFE INSURANCE COMPANY, NAIC # 70238, hereby certifies that the following form(s) comply with the Flesch scale of readability requirements of your State and the forms achieved the following score:

<u>Form Number</u>	<u>Form Description</u>	<u>Flesch Score</u>
VL 17425 VER 5/2009	SPIA Application	45.3

Natalie Prevost

Natalie Prevost
Legal Analyst

April 20, 2009

Date

STATEMENT OF VARIABILITY

FORM: VL 17425 VER 5/2009

1. **Section 1 OWNER/APPLICANT INFORMATION:** The box that states " Civil Union/Domestic Partner (If recognized by your state, see information page.)" is bracketed. This statement will either be included or not appear on the applications.
2. **Section 8, INVESTOR PROFILE:** The dollar amounts in the Annual Household Income and Net Worth provisions may be increased to be more meaningful depending on inflation and other economic conditions.
3. **Section 10, OWNER/ APPLICANT AFFIRMATIONS AND STATEMENTS:** Replacement Information: To allow for flexibility in the information collected and to make changes to comply with state or federal requirements. Replacement information will always be on the application as required, but may be subject to change based on state or federal updates.
4. **Section 7, FINANCIAL ADVISOR OF RECORD:** Replacement Information: To allow for flexibility in the information collected and to make changes to comply with state or federal requirements. Replacement information will always be on the application as required, but may be subject to change based on state or federal updates.

INFORMATION:

- a. The following items are bracketed: to allow for changes in wording required because of a change in state or federal regulations. These items will appear on the application, but may be modified or new text may be added to comply with applicable regulations.
 - California Senior Disclosure
 - State specific Fraud Warnings
 - Withdrawal Restrictions for 403(b) Participants
 - Civil Union / Domestic Partner Disclosure
- b. The contact number for a Client Service Professional is shown as bracketed for situations where the number may change.



Tracey Harris - Vice President
The Variable Annuity Life Insurance Company

April 20, 2009

Date